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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90205 027 \*\*\*\*61.25

0031798

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 718402**

1. Corporation Name

**KEY BISCAIYNE'S COMMODORE CLUB CONDOMINIUM 1, INC**

Principal Place of Business

177 OCEAN LANE DRIVE  
 KEY BISCAIYNE FL 33149

Mailing Address

177 OCEAN LANE DRIVE  
 KEY BISCAIYNE FL 33149



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/28/1970

Suite, Apt. #, etc. :

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1359766

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE CONTINENTAL GRP ,  
 177 OCEAN LANE DR  
 KEY BISCAIYNE FL 33149

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | S                      | <input type="checkbox"/> DELETE |
| NAME           | WESTER, ALEXIS         |                                 |
| STREET ADDRESS | 177 OCEAN LANE DR      |                                 |
| CITY-ST-ZIP    | KEY BISCAIYNE FL 33149 |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | RITSON, JESS           |                                 |
| STREET ADDRESS | 177 OCEAN LANE DRIVE   |                                 |
| CITY-ST-ZIP    | KEY BISCAIYNE FL       |                                 |
| TITLE          | VP                     | <input type="checkbox"/> DELETE |
| NAME           | ALBERT, GEORGE         |                                 |
| STREET ADDRESS | 177 OCEAN LANE DRIVE   |                                 |
| CITY-ST-ZIP    | KEY BISCAIYNE FL       |                                 |
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | HODGSON, MARION        |                                 |
| STREET ADDRESS | 177 OCEAN LANE DR      |                                 |
| CITY-ST-ZIP    | KEY BISCAIYNE FL       |                                 |
| TITLE          | AT                     | <input type="checkbox"/> DELETE |
| NAME           | GALDO, GUSTAVO         |                                 |
| STREET ADDRESS | 177 OCEAN LANE DR      |                                 |
| CITY-ST-ZIP    | KEY BISCAIYNE FL       |                                 |
| TITLE          | T                      | <input type="checkbox"/> DELETE |
| NAME           | BECKER, THEODORE       |                                 |
| STREET ADDRESS | 177 OCEAN LANE DRIVE   |                                 |
| CITY-ST-ZIP    | KEY BISCAIYNE FL       |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

(305) 361-1696

Daytime Phone #

CR2E037 (11/98)